

A Comparison of NLN CNEA's 2021 and 2026 Standards of Accreditation Overview

The National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) approved updated Standards of Accreditation in June 2026. These updated Standards include several changes that should simplify accreditation processes, reduce overlap and redundancy, and offer greater flexibility in reporting program outcomes and faculty qualifications. Although the overall layout and Standard labels provide a familiar format, programs will need to adjust systematic evaluation processes to fully meet the 2026 Standards of Accreditation. To assist in this transition, the NLN CNEA staff has prepared a crosswalk document. In this document, you will find:

- A side-by-side comparison of 2021 to 2026 Standards of Accreditation.
- Color coding to indicate what has been removed, what has been revised, and what is new. The legend appears at the footer of each page and is listed below. The 2021 column will focus on red color coding to indicate what has been removed and the 2026 column will focus green and yellow color coding to indicate new and revised information.

● New ● Revised ● Removed
- After the overall statement for each Standard and each Quality Indicator, there is a purple box titled "What This Means." This summarizes the changes for that section.
- Since Quality Indicators have been streamlined, some Quality Indicators were seemingly removed. However, to prevent duplication, content was not removed but placed with other Quality Indicators. In this case, there is a black box in the 2026 column. The purple box titled "What This Means" after these Quality Indicators provides direction as to where the content was moved.

We encourage programs to begin their review and comply with the updated Standards as soon as possible.

Full compliance is required by July 1, 2027.

Programs are encouraged to attend upcoming professional development offerings (<https://cnea.nln.org/events>) and reach out to the NLN CNEA staff for questions. Thank you for your commitment to quality nursing education.

CNEAaccreditation@nln.org

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A Comparison of NLN CNEA's 2021 and 2026 Standards of Accreditation Crosswalk Table

Standard I

2021	2026
<p>Standard I: Culture of Excellence – Program Outcomes</p> <p>The nursing program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected institutional and program outcomes. These data collection processes are used to inform data-based program decisions regarding program integrity and educational achievements. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving program outcomes. The program's commitment to continuous quality improvement is evident through the achievement of the following associated quality indicators.</p>	<p>Standard I: Culture of Excellence – Program Outcomes</p> <p>The program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected outcomes. These data collection processes are used to inform data-based program decisions. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving outcomes.</p>
<p><i>What This Means</i></p> <p>Language simplified</p>	
<p>Quality Indicator I-A</p> <p><i>Statement</i></p> <p>Faculty and staff assess and evaluate achievement of identified program outcomes by engaging in an ongoing, systematic, evidence-based process.</p>	<p>Quality Indicator I-A</p> <p><i>Statement</i></p> <p>Faculty and staff engage in an ongoing systematic, evidence-based process to evaluate achievement of program outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty and staff have implemented an ongoing systematic, evidence-based process designed to demonstrate program effectiveness in achieving program outcomes with a commitment to continuous quality improvement. ➤ The evidence-based process minimally consists of elements related to identified program outcomes; internal benchmarks; multiple strategies for data collection; established timelines; 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty and staff engage in an ongoing systematic, evidence-based process. ➤ The evidence-based process consists of elements related to identified program outcomes; benchmarks; multiple strategies for data collection from communities of interest; established timelines; persons responsible for recording and analyzing data;

Legend

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2021	2026
<p>person(s) responsible for recording and analyzing data; plan for dissemination of findings; and analysis of the effectiveness of the actions taken.</p> <ul style="list-style-type: none"> ➤ Program outcomes include, but are not limited to program completion rates, licensure and certification pass rates, and employment rates of graduates. ➤ The systematic process used to gather and analyze data is reviewed at regular intervals for continued relevance and revised as needed. Demonstration of actions implemented in response to feedback received from the process are documented, along with the outcomes achieved by the actions taken. 	<p>findings; dissemination of findings; actions taken in response to findings; and analysis of the effectiveness of the actions taken.</p> <ul style="list-style-type: none"> ➤ Program outcomes include, but are not limited to, program completion rates, licensure or certification pass rates, and graduate employment rates. ➤ The systematic process used to gather and analyze data is reviewed at regular intervals for continued relevance and revised as needed for continuous quality improvement. ➤ Demonstration of actions implemented in response to feedback received from the process are documented, along with the outcomes achieved by the actions taken. ➤ Programs not meeting any established benchmarks have completed an analysis of contributing factors, developed a plan of action to address identified factors impacting each compliance concern, and included actions and timelines for achieving each benchmark.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of faculty and staff engaging in regularly scheduled review of identified program outcomes with documentation of review outcomes and resulting decisions and evaluation plans. ➤ Examples of faculty and staff engaging in regularly scheduled review of evaluation plans with documentation of reviewed outcomes and resulting decisions. ➤ Examples of data-driven decisions based on the review and analysis of achievement of identified program outcomes. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Systematic evaluation plan with required elements. ➤ Examples of faculty and staff engaging in regularly scheduled review of identified program outcome data, resulting decisions, and evaluation plans. ➤ Examples of data-driven decisions based on the review and analysis of achievement of program outcomes. ➤ Plans of action in place for program outcomes not meeting established benchmarks.
<p><i>What This Means</i></p> <p>Language simplified and re-ordered for logical flow</p> <p>Added Systematic Evaluation Plan elements including input from communities of interest, findings, and actions taken</p> <p>Added the need for Action Plans for areas not meeting established benchmarks</p>	

Legend

- New
- Revised
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2021	2026
<p>Quality Indicator I-B</p> <p><i>Statement</i></p> <p>Faculty and staff decisions regarding program effectiveness and continuous quality improvement efforts are informed through multiple means of collecting and analyzing data and are inclusive of input from communities of interest.</p>	<p>Quality Indicator I-B</p> <p><i>Statement</i></p> <p>Communities of interest report program effectiveness.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ There is documented evidence of decision-making regarding program effectiveness and continuous quality improvement efforts based upon data analysis and feedback. ➤ Communities of interest are provided opportunities to provide input into the program planning and decision-making processes. ➤ A record of efforts related to continuous quality improvement documents faculty and staff responses to data analysis, affirms the achievement of the set benchmarks, and identifies areas needing improvement, and the deletion and/or development of new benchmark indicators. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Quantitative and/or qualitative data collection processes are in place to gather faculty, student, alumni, and employer data on program effectiveness using a regular schedule. ➤ Benchmarks are in place. ➤ Data analysis reports program effectiveness. ➤ A record of continuous quality improvement efforts documents faculty responses to data analysis and areas indicating a need for improvement, as appropriate, in response to communities of interest feedback.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Evidence of communities of interest providing input into program planning and decision-making about the quality of the program, with documented examples (i.e., meeting minutes, program reports, etc.). ➤ Examples of faculty and staff actions based upon data-analysis and resulting outcomes of those actions. ➤ Examples of attainment of set benchmarks and areas identified for improvement. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Data collection tools, methods, and analysis procedures. ➤ Documentation of faculty, students, alumni, and employers reporting program effectiveness. ➤ Program actions taken in response to program effectiveness data.
<p>What This Means</p> <p>Content from 2021 Quality Indicator I-B was collapsed into I-A and II-C; Content from 2021 Quality Indicator I-F was moved to I-B</p> <p>Satisfaction was changed to effectiveness to reflect broader data collection</p>	

Legend

● New ● Revised ● Removed

2021	2026
<p>Quality Indicator I-C</p> <p><i>Statement</i></p> <p>The program achieves expected program outcomes related to program completion rates.</p>	<p>Quality Indicator I-C</p> <p><i>Statement</i></p> <p>The program achieves expected completion rates.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The program sets benchmarks and monitors data regarding program completion rates for each individual program in the nursing unit. ➤ Faculty set the benchmark for the program completion rate based on consideration of student demographics, providing rationale for their identified program completion rate benchmark. ➤ New programs that have not yet produced graduates have set a benchmark for expected program completion rates and faculty have developed and implemented a plan to ensure successful attainment of the identified outcome. ➤ For existing programs, three academic years of averaged program completion rate data demonstrate achievement of the program's targeted benchmark. ➤ Programs not meeting their established benchmark, have completed an analysis of contributing factors, developed a plan to address identified factors impacting program completion rates that includes timelines for achieving the expected program completion rate. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty set the benchmark for the program completion rate based on consideration of factors like student demographics and program type and level. ➤ Program provides rationale for their identified program completion rate benchmark. ➤ Program should have data collection and analysis plans in place to demonstrate achievement of the established benchmark. ➤ Program achieves established benchmarks. ➤ New programs that have not yet produced graduates have set a benchmark and have developed and implemented a plan to ensure successful attainment of the identified outcome.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Three academic years of trended data on program completion rates. ➤ Documentation of completion rate formula set by the institution, implementation, and evaluation plans to achieve set benchmarks about program completion rates, and a plan for intervention if needed. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Data collection tools, methods, and analysis procedures. ➤ Documentation of completion rate formula, benchmark, and rationale. ➤ Data a) averaged over the most recent three-year period OR b) single-year for the most recent year.

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2021	2026
	<ul style="list-style-type: none"> ➤ Completion rate data. Program will report overall completion rate per program, but completion rates specific to tracks and locations should be available if they are requested.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Three-year average OR single-year for the most recent year to demonstrate compliance</p> <p>Report overall completion rates per program but data specific to tracks and locations should be available if they are requested (for example, during a site visit)</p> <p>Language about Action Plans was moved to Quality Indicator I-A since this must be done for areas not meeting established benchmarks</p>	
<p>Quality Indicator I-D</p> <p><i>Statement</i></p> <p>The program achieves expected program outcomes related to graduates' performance on licensure and certification examinations.</p>	<p>Quality Indicator I-D</p> <p><i>Statement</i></p> <p>The program achieves expected licensure or certification pass rates.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The program achieves a minimum graduate licensure pass rate of 80 percent among first-time takers, averaged over the most recent three-year calendar time period, for each pre-licensure program (practical/vocational, diploma, associate, and bachelor's) producing graduates eligible to seek licensure. Pre-licensure programs must also be in compliance with their state regulatory agencies in regard to minimum licensure pass rates. ➤ The program may also provide evidence of the graduate licensure pass rate of second-time takers who retake the licensure examination within three months of initial attempt to achieve licensure. ➤ Graduates writing certification examinations achieve a minimum certification pass rate of 80 percent, first-time takers averaged over the most recent three-year calendar time period for each program (master's, post-master's, clinical doctorate) producing graduates eligible to seek certification. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The program achieves a minimum licensure or certification pass rate of 80% among first-time takers either a) averaged over the most recent three-year period OR b) single-year for the most recent year. ➤ First-time takers must have taken the examination within two years of degree conferral. ➤ Programs must also comply with their state regulatory agencies regarding minimum licensure or certification pass rates. ➤ New programs that have not yet produced graduates have set a benchmark and have developed and implemented a plan to ensure successful attainment of the identified outcome.

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2021	2026
<ul style="list-style-type: none"> ➤ Programs not meeting the established benchmark for licensure and certification pass rates have completed an analysis of the situation, developed a plan to address identified factors impacting licensure and certification pass rates, and included actions and timelines for achieving the expected program pass rates. ➤ New programs that have not yet produced graduates have set a benchmark for expected program licensure and certification pass rates and faculty have developed and implemented a plan to ensure successful attainment of the identified outcomes. 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Three calendar years of trended data on licensure and certification pass rates as documented by the issuing regulatory body. ➤ Documentation of implementation and evaluation plans to achieve set benchmarks related to licensure and certification examinations and a plan for intervention if needed. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Data collection tools, methods, and analysis procedures. ➤ Data a) averaged over the most recent three-year period OR b) single-year for the most recent year. ➤ Program will report overall licensure or certification pass rate per program, but licensure or certification pass rates specific to tracks and locations should be available if they are requested. ➤ Data regarding licensure or certification pass rates as documented by the issuing regulatory body.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>80% benchmark for first-time takers was maintained</p> <p>Pass rates must be provided for those that test within two years of degree conferral</p> <p>Cannot provide second-time takers data</p> <p>Three-year average OR single-year for the most recent year to demonstrate compliance</p> <p>Report overall pass rates per program but data specific to tracks and locations should be available if they are requested (for example, during a site visit)</p> <p>Language about Action Plans was moved to Quality Indicator I-A since this must be done for areas not meeting established benchmarks</p>	

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2021	2026
<p>Quality Indicator I-E</p> <p><i>Statement</i></p> <p>The program achieves expected program outcomes related to graduate employment rates in the area of nursing program preparation.</p>	<p>Quality Indicator I-E</p> <p><i>Statement</i></p> <p>The program achieves expected graduate employment rates in the area of program preparation.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The program achieves expected program outcomes related to graduate employment rates in the area of nursing program preparation for each program offered in the nursing unit (practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s, or clinical doctorate). Internal benchmarks are set based upon workforce data analysis and data monitored regarding graduate employment rates within the first 6 to 12 months of graduation. ➤ Programs not meeting established benchmarks for graduate employment rates in nursing complete an analysis of contributing factors (including regional workforce analysis with input from the community of interest), develop and implement a plan to address identified factors impacting graduate employment rates, and set a timeline for achieving the expected graduate employment rates. ➤ New programs that have not yet produced graduates establish a benchmark for expected graduate employment rates (including regional workforce analysis) with input from the communities of interest, and faculty design and implement a plan to ensure successful attainment of the set goal. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty set the graduate employment rate benchmark based upon workforce data analysis. ➤ Programs should provide a rationale for their established benchmark, including how they ensure graduates are employed in the area of program preparation. ➤ Programs are given the option for tracking and excluding graduates who have continued formal education within 12 months of degree conferral. ➤ Program should have data collection and analysis plans in place to demonstrate achievement of the established benchmark. ➤ Program achieves established benchmarks. ➤ New programs that have not yet produced graduates have set a benchmark and have developed and implemented a plan to ensure successful attainment of the identified outcome.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Three academic years of trended data of employment rates. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Data a) averaged over the most recent three-year period OR b) single-year for the most recent year.

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2021	2026
<ul style="list-style-type: none"> Documentation of implementation and evaluation plans to achieve set benchmarks about employment rates and plans for intervention if needed. 	<ul style="list-style-type: none"> Graduate employment rate data. Program will report overall employment rate per program, but employment rates specific to tracks and locations should be available if they are requested.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Timeframe for data collection (6-12 months) was removed</p> <p>Added guidance for excluding those that formally continue their formal education</p> <p>Three-year average OR single-year for the most recent year to demonstrate compliance</p> <p>Report overall employment rates per program but data specific to tracks and locations should be available if they are requested (for example, during a site visit)</p> <p>Language about Action Plans was moved to Quality Indicator I-A since this must be done for areas not meeting established benchmarks</p>	
<p>Quality Indicator I-F</p> <p><i>Statement</i></p> <p>Faculty, students, alumni, and employers express satisfaction with program effectiveness.</p> <hr/> <p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> Quantitative and/or qualitative data gathering processes are in place to gather faculty, student, alumni, and employer satisfaction data on program effectiveness on an ongoing and regular schedule. Data analysis demonstrates overall program effectiveness in achieving expected outcomes. A record of continuous quality improvement efforts documents faculty responses to data analysis and areas indicating a need for improvement, as appropriate, in response to communities of interest feedback. 	

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2021	2026
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Documentation of faculty, student, alumni, and employer satisfaction with program effectiveness and resulting program actions related to continuous quality improvement. 	
<p>What This Means</p> <p>Content from 2021 Quality Indicator I-F was moved to I-B</p>	

Legend

● New ● Revised ● Removed

Standard II

2021	2026
<p>Standard II: Culture of Integrity and Accountability – Mission, Governance, and Resources</p> <p>A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program’s expected outcomes, and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.</p>	<p>Standard II: Culture of Integrity and Accountability – Mission, Governance, and Resources</p> <p>A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources. The missions of the institution and program are aligned, creating an environment enabling the achievement of expected outcomes. Governance supports the attainment of outcomes and reflects faculty, student, and community of interest participation. The institution and program have adequate resources to enable continuous quality improvement efforts and meet program outcomes.</p>
<p><i>What This Means</i></p> <p>Language simplified</p> <p>Emphasized general community of interest participation in governance</p> <p>Prioritized adequacy of resources to meet outcomes</p>	
<p>Quality Indicator II-A</p> <p><i>Statement</i></p> <p>Faculty and staff define the core values, mission, and goals for the nursing program, ensuring they are aligned with institutional mission and goals; expected program outcomes are derived from the established mission and goals.</p>	<p>Quality Indicator II-A</p> <p><i>Statement</i></p> <p>Faculty and staff define the program’s core values, mission, and goals, ensuring alignment with the institution.</p>

Legend

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2021	2026
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty and staff express a clear and unified vision regarding the mission and goals of the nursing program, which are publicly shared with communities of interest. ➤ Faculty and staff, as appropriate, can articulate the program's core values and expected program outcomes. ➤ There is evidence that the missions of the institution and nursing academic unit are aligned with each other. ➤ Expected program outcomes are evident and appropriate for the program mission and type (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate). Evidence exists that faculty and staff conduct regularly scheduled reviews of mission and goal statements and expected program outcomes to ensure continued relevance to contemporary nursing practice. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The faculty and staff define a clear and unified vision of the program's core values, mission, and goals of the program. ➤ The missions of the institution and program are aligned with each other. ➤ Expected program outcomes are evident and appropriate for the program mission and type. ➤ The program's core values, mission, and goals are publicly shared with communities of interest. ➤ Faculty and staff conduct regularly scheduled reviews of the core value, mission, and goal statements and expected program outcomes to ensure continued relevance.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Documents demonstrating alignment between institution and program mission. ➤ Documents describing program goals, expected program outcomes, and core values. ➤ Committee minutes document the review process and decision-making related to maintaining relevant mission and goal statements, core values and expected program outcomes. ➤ Documents describe regularly scheduled reviews of the mission, goals, core values, and expected program outcomes for continued relevance and resulting actions. ➤ Evidence of public dissemination of mission statements and program goals, to communities of interest. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Documents describing core values, mission, and goals of the program. ➤ Documents demonstrating alignment between institution and program mission. ➤ Evidence of public dissemination of core values, mission, and goals to communities of interest. ➤ Committee minutes document the review process and decision-making related to maintaining relevant core value, mission, and goal statements. ➤ Documents describe regularly scheduled reviews of the core values, mission, and goals for continued relevance.
<p><i>What This Means</i></p> <p>Language simplified, re-ordered for logical flow, and consistently listed core values, mission, and goals</p>	

Legend

- New
- Revised
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2021	2026
<p>Quality Indicator II-B</p> <p><i>Statement</i></p> <p>The organizational structure of the parent institution and the nursing program provide opportunities for faculty and students to demonstrate involvement in institutional and program governance, enabling achievement of expected program outcomes.</p>	<p>Quality Indicator II-B</p> <p><i>Statement</i></p> <p>The structure of the institution and program provides the opportunity for faculty and students to be involved in governance.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ There is evidence of organizational support for faculty and students to participate in the governance of the institution and the nursing academic unit. ➤ Documented evidence exists demonstrating that faculty and students are engaged in governance activities. Faculty and students articulate examples of how their engagement in governance activities has facilitated achievement of program outcomes. ➤ Governance structures facilitate the inclusion of students enrolled in distance education programs. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Organizational support for faculty and students to participate in the governance of the institution and the program. ➤ Faculty and students have opportunities to engage in governance activities, including those at a distance. ➤ Faculty and students articulate examples of how their engagement in governance activities impacts program improvement.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Evidence of faculty and student participation in institutional and program governance activities in meeting minutes, committee membership rosters, and student governance activities. ➤ Copies of the organizational structure of the institution and programs. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Evidence of opportunities for faculty and student participation in institutional and program governance activities in meeting minutes, committee membership rosters, invitations to provide input, and student governance activities. ➤ Evidence of feedback provided by students and faculty and documentation of program improvement changes made as a result of that input. ➤ Copies of the organizational structure of the institution and program.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Added invitations and opportunities to provide input</p>	

Legend

- New
- Revised
- Removed

2021	2026
<p>Quality Indicator II-C</p> <p><i>Statement</i></p> <p>Communities of interest provide feedback which is used to inform program decision-making about the educational preparation of students.</p>	<p>Quality Indicator II-C</p> <p><i>Statement</i></p> <p>Communities of interest provide feedback which is used to inform decision-making about the educational preparation of students.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The nursing program seeks and utilizes feedback from communities of interest to inform program development and decision-making about the educational preparation of students. ➤ Partnerships among communities of interest and the nursing program promote a sense of cohesiveness and intra- and interprofessional collaboration, leading to contemporary experiential learning experiences for students with a goal of preparing a diverse, competent workforce. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The program seeks and utilizes feedback from communities of interest to inform program development and decision-making about the educational preparation of students. ➤ Partnerships among communities of interest and the program promote a sense of cohesiveness and collaboration.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Evidence of means by which communities of interest provide feedback and how such feedback is used to inform program development and decision-making. ➤ Evidence of outcomes related to partnership collaboration between program and communities of interest. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Program definition of community of interest. ➤ Evidence of how communities of interest provide feedback and how such feedback is used to inform program development and decision-making including data collection tools and methods. ➤ Evidence of communities of interest providing input into program planning and decision-making about the quality of the program, with documented examples (e.g., meeting minutes, program reports, evaluation materials, such as surveys and course reports). ➤ Evidence of outcomes related to partnership collaboration between program and communities of interest.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Definition of communities of interest required with evidence of communities of interest input</p>	

Legend

- New
- Revised
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2021	2026
<p>Quality Indicator II-D</p> <p><i>Statement</i></p> <p>Program publications, documents, and policies are clear, current, accurately reflect program practices, and are accessible to communities of interest.</p>	<p>Quality Indicator II-D</p> <p><i>Statement</i></p> <p>Program publications, documents, and policies are clear, current, accurate, and accessible.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ There is evidence of periodic review and revision of program publications, documents, and policies. The means of access to these materials are clearly delineated for communities of interest. ➤ All program publications are clear, current, and accurately reflect program practices. ➤ Accreditation status is communicated accurately to the public, including contact information for NLN CNEA. ➤ A process is developed and implemented to notify communities of interest of changes in publications and documents in a timely fashion. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ All program publications are clear, current, and accurately reflect program practices. ➤ Regular review and revision of program publications, documents, and policies. The means of access to these materials are clearly delineated for communities of interest. ➤ A process is developed and implemented to notify communities of interest of changes in publications, documents, and policies in a timely fashion. ➤ Accreditation status is communicated accurately to the public, including contact information for NLN CNEA.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Evidence of notification of policy changes to communities of interest. ➤ Copies of publications and websites providing accurate information regarding accreditation status and NLN CNEA contact information. ➤ Copies of program publications, documents, and policies, with documentation of regular reviews and resulting actions. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of program publications, documents, and policies, with documentation of regular reviews and resulting actions. ➤ Evidence of notification of policy changes to communities of interest. ➤ Documentation of how communities of interest gain access to program publications, documents, and policies. ➤ Copies of publications (e.g., websites) providing accurate information regarding accreditation status and NLN CNEA contact information.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p>	

Legend

- New
- Revised
- Removed

2021	2026
<p>Quality Indicator II-E</p> <p><i>Statement</i></p> <p>The academic nursing unit is led by a chief academic nurse administrator who is educationally and experientially qualified for the role and administratively entrusted with the responsibility and authorization to provide the leadership needed to procure and allocate resources to achieve the program's expected outcomes.</p>	<p>Quality Indicator II-E</p> <p><i>Statement</i></p> <p>The program is led by a chief academic nurse administrator who is qualified and has the authority to help meet expected outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The curriculum vitae of the chief academic nurse administrator of the nursing academic unit provides evidence of the appropriate academic credentials and relevant experience which qualifies them to lead the nursing academic unit. ➤ The chief academic nurse administrator holds an active and unencumbered nursing license and has a graduate degree in nursing, appropriate for the type of program(s) they lead (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate). ➤ Programs that employ a chief academic nurse administrator, who does not hold the requisite graduate nursing degree for the program(s) they lead design and implement an organizational development plan with a goal of requiring the chief academic nurse administrator to actively pursue a graduate nursing degree with a timeline in place for degree attainment. Documentation is provided that shows active and steady progression toward graduate nursing degree attainment by the chief academic nurse administrator. ➤ The program has written policies that describe the administrative role and responsibilities of the chief academic nurse administrator, including the responsibility to manage the procurement and allocation of the program's resources and budget for the purpose of facilitating achievement of the nursing 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The curriculum vitae of the chief academic nurse administrator provides evidence of practice, leadership, and academic expertise which qualifies them to lead the program. ➤ The chief academic nurse administrator holds an active and unencumbered nursing license. ➤ The chief academic nurse administrator holds appropriate academic credentials appropriate for the program type and level and meets regulatory (e.g., state board of nursing) and professional nursing requirements. ➤ The program has written policies that describe the administrative role and responsibilities of the chief academic nurse administrator, including the responsibility to manage the procurement and allocation of the program's resources and budget.

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2021	2026
<p>academic unit's mission, goals, core values, and expected outcomes.</p>	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copy of chief academic nurse administrator's current curriculum vitae. ➤ Position description of chief academic nurse administrator. ➤ Examples of chief academic nurse administrator's outcomes/accomplishments in the role. ➤ Evidence of the chief academic nurse administrator's financial management of the program, including budgetary responsibilities. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copy of chief academic nurse administrator's curriculum vitae. ➤ Position description of chief academic nurse administrator. ➤ Examples of chief academic nurse administrator's outcomes and accomplishments in the role. ➤ Documentation of compliance with regulatory (e.g., state board of nursing) and professional nursing organization requirements for chief academic nurse administrator qualifications. ➤ Evidence of the chief academic nurse administrator's financial management of the program, including budgetary responsibilities.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Removal of experiential and educational requirements in favor of practice, leadership, and academic expertise appropriate to program type</p> <p>Removal of graduate degree requirement in favor of practice, leadership, and academic expertise appropriate to program type</p> <p>Added compliance with regulatory and professional nursing organization requirements</p>	
<p>Quality Indicator II-F</p> <p><i>Statement</i></p> <p>The nursing program has the necessary budgetary, human, instructional, physical, and technological resources to demonstrate achievement of the mission, goals, and expected program outcomes.</p>	<p>Quality Indicator II-F</p> <p><i>Statement</i></p> <p>The program has the necessary budgetary resources that are regularly reviewed and allocated to meet expected program outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Budgetary resources are available for supporting the implementation of academic and student services designed to assist students in achieving learning outcomes; recruit, develop and retain the human resources needed to achieve the program's mission and goals; and acquire the instructional and professional 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Adequate budgetary resources are available, including personnel, instructional, and administrative resources. ➤ There is documentation of the systematic review of program resources with data used to allocate resources as appropriate to

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2021	2026
<p>development resources needed to facilitate faculty and students in meeting expected program outcomes.</p> <ul style="list-style-type: none"> ➤ Physical facility infrastructure includes access to safe, current, and adequate space in classroom, simulation, and laboratory settings. ➤ Library, instructional equipment, and supplies are adequate for supporting achievement of expected student learning outcomes. ➤ Technological infrastructure is adequate to support student learning and support faculty to meet teaching, scholarship, and service responsibilities in distance education and on-campus learning environments. 	<p>sustain an environment of continuous quality improvement and to meet expected program outcomes.</p>
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of academic nursing unit (program) budget, for past three years. ➤ Examples of adequate and/or expanded budgetary, human, instructional, physical, and technological resources designed to meet learning needs of students. ➤ Examples of adequate and/or expanded budgetary, human, instructional, physical, and technological resources designed to meet faculty teaching, scholarship, and service responsibilities. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of the program budget for the past three years. ➤ Examples of adequate or expanded budgetary resources including personnel, instructional, and administrative resources. ➤ Documentation reflecting the regular review of the adequacy of resources and evidence of actions taken.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Altered language to personnel, instructional, and administrative resources</p> <p>Definitions of personnel, instructional, and administrative resources added to the Glossary</p> <p>Content from 2021 Quality Indicator II-G was moved to II-F</p> <p>Added need for documentation of regular review and actions taken</p>	

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2021	2026
<p>Quality Indicator II-G</p> <p><i>Statement</i></p> <p>Nursing program resources are periodically reviewed and allocated as needed to sustain an environment of continuous quality improvement that enables the program to meet expected program outcomes and expected student learning outcomes.</p> <hr/> <p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ There is documentation of the systematic review of nursing program budgetary, human, instructional, physical, and technological resources by the chief academic nurse administrator, faculty, staff, and students with data used to seek and allocate resources as appropriate to sustain an environment of continuous quality improvement and to meet expected program outcomes. <hr/> <p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Documentation reflecting the periodic review of the adequacy of budgetary, human, instructional, physical, and technological resources and resulting actions. ➤ Evidence of actions taken to seek and allocate resources as a result of the review. 	
<p>What This Means</p> <p>Content from 2021 Quality Indicator II-G was moved to II-F</p>	

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Standard III

2021	2026
<p>Standard III: Culture of Excellence and Caring – Faculty</p> <p>The expertise, creativity, and innovation demonstrated by the collective faculty within a culture of excellence and caring enables the nursing program to achieve expected program outcomes aligned with the program’s mission and goals. The faculty complement consists of educationally and experientially qualified individuals of diverse backgrounds who have expertise as educators, clinicians, scholars, and researchers, as relevant to the program’s mission and use their expertise to co-create a student-centered learning environment and achieve expected program outcomes. The organizational environment and program core values support inclusivity and empower faculty to achieve the professional outcomes expected of them in the faculty role and seek the recruitment and retention of a diverse faculty. This commitment to creating a culture of excellence and caring supportive of faculty outcomes is evidenced through the achievement of the following associated quality indicators.</p>	<p>Standard III: Culture of Excellence and Caring – Faculty</p> <p>Full- and part-time faculty and preceptors demonstrate a culture of excellence and caring that enables the program to achieve expected outcomes. Faculty and preceptors are qualified and adequate in number to meet program outcomes. Faculty support promotes the achievement of individual and collective outcomes that are aligned with the institution and program missions.</p>
<p><i>What This Means</i></p> <p>Language simplified</p> <p>Added preceptors to the overall statement</p> <p>Removal of prescriptive terms such as educationally, experientially, diversity, and inclusivity</p>	
<p>Quality Indicator III-A</p> <p><i>Statement</i></p> <p>The program’s faculty are qualified, diverse, and adequate in number to meet program goals.</p>	<p>Quality Indicator III-A</p> <p><i>Statement</i></p> <p>Faculty are qualified and adequate in number to meet program outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> There is an adequate number of faculty to meet the program’s goals and support students in accomplishing learning outcomes. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> Faculty qualifications pertaining to content and pedagogical expertise are defined by the program.

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<ul style="list-style-type: none"> ➤ The nursing program exhibits an inclusive organizational environment and resources supportive of recruitment, retention, and flourishing of diverse faculty. ➤ Adequate number of faculty with expertise in social determinants of health, population health, health equity, and technological competence to meet the program goals. ➤ All nursing programs (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate) employ full- and part-time nursing program faculty, including non-nursing faculty, who are qualified by education, professional credentials, and experience for their assigned teaching responsibilities and, at a minimum, meet qualifications set forth by state and other relevant regulatory agencies and professional nursing organizations. ➤ Advanced practice nursing programs (e.g., master's, post-master's, and clinical doctorates) employ faculty who possess the relevant content knowledge, practice expertise, and the required national professional certification credentials for their assigned teaching responsibilities as established by statute and regulatory agencies and professional nursing organizations. ➤ Nursing programs clearly define the faculty role within their institution and develop and implement policies regarding the academic degree qualifications of faculty, including non-nursing faculty, which are adhered to and aligned with the program's mission and goals, and type of program in which the faculty teach (e.g., practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate). All program types are expected to continually strive to employ full and part-time faculty who hold a graduate degree in nursing, or a field related to their teaching responsibilities. ➤ Programs that employ faculty without the graduate degree credential design and implement organizational development plans with a goal of demonstrating trending progression toward 	<ul style="list-style-type: none"> ➤ Faculty demonstrate content expertise related to their area of teaching responsibility. ➤ Faculty demonstrate pedagogical expertise related to best practices in teaching, learning, and evaluation. ➤ Faculty meet regulatory (e.g., state board of nursing) and professional organization requirements for teaching. ➤ Faculty have relevant licensures or certifications as applicable to the program they teach. ➤ Advanced practice programs employ an adequate number of faculty who possess the practice expertise and hold national professional certification credentials in the role and population focus of the program. ➤ There is an adequate number of faculty to meet program outcomes, including faculty/student ratios which support teaching, learning, and evaluation.

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<p>achieving a full complement of faculty who are prepared at the graduate level.</p> <ul style="list-style-type: none"> ➤ The majority of faculty who do not hold a graduate degree document evidence of active and steady progression toward achieving a graduate degree in nursing or a related field within a defined timeline. ➤ Nurse faculty hold active and unencumbered licensure as registered nurses and maintain the professional practice knowledge base required for their assigned teaching responsibilities through current engagement in the nursing profession and relevant direct or non-direct practice. Non-nurse faculty who are licensed health care professionals are likewise held to similar expectations relevant to their professional expertise. ➤ The program’s established faculty/student ratios in classroom, clinical, simulation, and laboratory settings, including all distance education environments, meet the standards set forth by professional organizations and regulatory agencies. Faculty/student ratios are designed to support the implementation of a variety of teaching/learning methodologies, and the assessment and evaluation of student learning outcomes, as appropriate for program type (e.g., practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s, and clinical doctorate). 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ List of all full- and part-time faculty by name, including credentials, degrees and granting institutions, dates of awards, certifications, honorary designations, and other pertinent academic/practice credentials. ➤ Documentation of compliance with state board of nursing rules and regulations regarding faculty qualifications for the program in which they teach. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ List of all full- and part-time faculty by name, including credentials, degrees and granting institutions, certifications, honorary designations, and other pertinent qualifications. ➤ Evidence of faculty content and pedagogical expertise in individual and aggregate form. ➤ Definitions of faculty role and copies of job descriptions.

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<ul style="list-style-type: none"> ➤ Descriptions of faculty/student ratios in classroom, laboratory, simulation, and clinical settings. ➤ Number of faculty and staff FTEs committed to the program. ➤ Descriptions of institution and program methods used to calculate faculty FTEs. ➤ Examples of institutional and program policies related to faculty workload and program compliance with the policies. ➤ Evidence of continuing professional development of faculty in the individual and aggregate form. ➤ Examples of institutional and program actions related to the recruitment and retention of a diverse faculty. ➤ Provide evidence for institutional definitions of faculty role and copies of job descriptions. 	<ul style="list-style-type: none"> ➤ Documentation of compliance with regulatory (e.g., state board of nursing) and professional nursing organization requirements for faculty qualifications. ➤ Advanced practice programs provide evidence of current faculty practice experience that aligns with the role and population focus of the program. ➤ For advanced practice programs, documentation of compliance with professional nursing organizations (e.g., APRN Consensus Model for APRN Regulation, NTF Standards) requirements. ➤ Descriptions of faculty/student ratios in classroom, laboratory, simulation, and clinical settings and rationale for ratios. ➤ Description of full-time equivalent (FTE) calculation and number of faculty FTEs committed to the program.
<p><i>What This Means</i></p> <p>Language simplified and re-ordered for logical flow</p> <p>Removal of prescriptive faculty expertise including expertise in social determinants of health, population health, health equity, and technological competency</p> <p>Removal of requirement for graduate degree in nursing in favor of content and pedagogical expertise. This expertise can be demonstrated in a variety of ways (e.g., formal degrees or certifications, professional development activities)</p> <p>Required rationale for faculty/student ratios and adequacy</p> <p>Added guidance regarding advanced practice programs</p> <p>Changed goals to outcomes</p> <p>Moved language related to faculty support to Quality Indicator III-C</p>	
<p>Quality Indicator III-B</p> <p><i>Statement</i></p> <p>Preceptors, and other alternative clinical supervisory personnel, are adequate in number, qualified, and prepared for their assigned role and responsibilities in facilitating student learning.</p>	<p>Quality Indicator III-B</p> <p><i>Statement</i></p> <p>Preceptors are qualified, prepared, and adequate in number to facilitate student learning.</p>

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<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The nursing program provides rationale for the use of preceptors and other alternative clinical supervisory models appropriate for the program type in which they are utilized. Programs which do not use preceptors or other alternative clinical supervisory models do not need to address this quality indicator. ➤ The nursing program ensures students have access to an adequate number of qualified preceptors to support achievement of program outcomes and meet expectations of students' assigned learning experiences. ➤ The nursing program defines the academic and experience qualifications of preceptors that are used within the program, ensuring they are in alignment with applicable regulatory agency rules and professional standards. ➤ The preceptor's role, qualifications, and responsibilities in the learning environment are clearly described and shared with all members of the learning community (i.e., students, faculty, and other care providers). ➤ Preceptor role and responsibilities are differentiated from the faculty role. ➤ The nursing program has established evaluation processes, criteria, and evaluation measures for the preceptor role. ➤ Preceptors are oriented to their role and coached in the role by faculty to best facilitate their effectiveness in supporting students' well-being and achievement of expected student learning outcomes. ➤ Preceptors are provided the resources needed to perform the responsibilities of their assigned role. ➤ Preceptors are supportive of diverse students and their learning needs. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The program provides rationale for the use of preceptors. ➤ The program defines required preceptor qualifications, roles, and responsibilities, and documents compliance with regulatory and professional guidelines. ➤ The preceptor's qualifications, roles, and responsibilities are clearly described and shared with all members of the learning community. ➤ Preceptor roles and responsibilities are differentiated from the faculty role. Faculty are responsible for evaluating students. ➤ Preceptors are oriented and supported. ➤ The program has established processes to evaluate preceptors. ➤ The program ensures students have access to an adequate number of qualified preceptors.

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2021	2026
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of selection criteria, orientation materials, and evaluation criteria for preceptors and others who supervise students in practice settings. ➤ Description of expected preceptor qualifications, roles, and responsibilities, aligned with assigned teaching responsibilities. ➤ Examples of preceptor evaluation processes and criteria. ➤ Evidence of preceptors' awareness of how they are evaluated in the role. ➤ Demonstrate adequate number of preceptors and/or collaborative partnerships to ensure clinical experiences meet program outcomes. ➤ Identify the resources provided to preceptors to enable them to fulfill their roles and responsibilities. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Description of expected preceptor qualifications, roles, and responsibilities. ➤ Documentation of compliance with state board of nursing rules and regulations regarding preceptor qualifications. ➤ Statement about preceptor versus faculty roles and responsibilities. ➤ Examples of orientation materials and supports. ➤ Examples of preceptor evaluation processes. ➤ Documentation of adequate number of preceptors.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Other clinical supervisory personnel terminology removed and alternate terms for preceptors were outlined in the Glossary</p> <p>Emphasized compliance with state board of nursing rules and regulations</p> <p>Added the need for a statement about preceptor versus faculty roles and responsibilities</p>	
<p>Quality Indicator III-C</p> <p><i>Statement</i></p> <p>Faculty are supported in providing unique and innovative contributions to the faculty role as defined by the missions of the parent institution and nursing program.</p>	<p>Quality Indicator III-C</p> <p><i>Statement</i></p> <p>Faculty achieve individual and collective outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The unique and innovative contributions of each faculty member are valued and recognized by the parent institution and program. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Program establishes individual and collective faculty outcomes in areas such as teaching, practice, research, scholarship, and

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2021	2026
<ul style="list-style-type: none"> ➤ Clearly established expectations of faculty in the areas of teaching, practice, research/scholarship, and service with the mission and goals of the institution and program are in place, as appropriate for program type, and faculty are oriented to the expectations. ➤ The parent institution and nursing program provide support, mentoring, professional development opportunities, and resources to create a healthy workplace environment for faculty that cultivates a culture of caring, diversity, integrity, and excellence, and empowers individual faculty to meet expected faculty competencies and outcomes. ➤ Resources that are available to support faculty development include but are not limited to travel funds, research/scholarship support, professional development programs, internal grant funds, faculty practice plans, degree attainment, etc. ➤ Evidence exists that faculty have the opportunity to engage in continuous quality improvement for ongoing development as educators, practitioners, and/or scholars/researchers and that they participate in those opportunities. ➤ Part-time and adjunct faculty are oriented, mentored, guided, and supported in their teaching roles. 	<p>service. Program may choose to define different outcomes for full- and part-time faculty.</p> <ul style="list-style-type: none"> ➤ Faculty outcomes are aligned with the mission of the institution and program. ➤ Faculty are provided support such as orientation, mentoring, professional development opportunities, and resources like technology assistance, enabling attainment of faculty outcomes. ➤ A regular faculty evaluation process is in place to measure individual and collective outcomes. ➤ Data describing individual faculty outcomes are gathered and analyzed at designated intervals and used to measure individual faculty achievements. ➤ Data describing collective faculty outcomes gathered and analyzed at designated intervals and used to measure aggregate faculty achievements. ➤ Faculty outcome data are used to make ongoing program improvements.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of faculty development resources and opportunities with related outcomes for the faculty role as appropriate to program type. ➤ Appointment to rank, promotion, tenure guidelines, as applicable for institutional mission. ➤ Evidence of faculty participation in ongoing professional development. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Individual and collective faculty outcomes for full- and part-time faculty are defined in areas such as teaching, practice, research, scholarship, and service which are aligned to the mission of the institution and program. Program may choose to define different outcomes for full- and part-time faculty. ➤ Examples of faculty support related to faculty expectations. ➤ Evidence that a regular faculty evaluation process is in place.

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2021	2026
<ul style="list-style-type: none"> ➤ Definitions of expectations of faculty contributions to the teaching, practice, research/scholarship, and service missions of the parent institution and nursing program. ➤ Evidence of faculty development in emerging trends and issues in healthcare and nursing education. 	<ul style="list-style-type: none"> ➤ Documentation of individual faculty outcome data related to expectations. This involves what each individual faculty member has accomplished. ➤ Documentation of collective faculty outcome data related to expectations. This involves what the collective faculty has accomplished as a whole. ➤ Evidence of faculty participation in ongoing professional development. ➤ Examples of changes made in response to faculty outcomes data.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Added clarity that programs can choose to define different outcomes for full-time and part-time faculty</p> <p>Clarified that evaluation processes must be in place and added Glossary definitions for individual and collective faculty outcomes</p> <p>Collapsed 2021 Quality Indicators III-C and III-D into Quality Indicator III-C</p>	
<p>Quality Indicator III-D</p> <p><i>Statement</i></p> <p>Faculty demonstrate individual and collective achievement of the program’s expected faculty outcomes.</p> <p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Data describing actual individual and collective faculty outcomes are gathered and analyzed at designated intervals and used to measure the faculty’s ability to meet expected faculty outcomes appropriate to the program type and within an organizational environment supportive of continuous quality improvement. ➤ A system for evaluation of individual faculty performance is in place for full-time and part-time faculty and is used to recognize accomplishments as well as define plans for future development and contributions to the program. 	

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2021	2026
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Documentation of individual faculty accomplishments and contributions related to expected faculty outcomes. ➤ Documentation of collective faculty outcomes (from past three years) meet expected faculty outcomes. ➤ Evidence of faculty evaluation criteria and support for meeting identified performance goals related to teaching, practice, scholarship/research, and service, as appropriate for the program type. 	
<p>What This Means</p> <p>Content was moved to Quality Indicator III-C</p>	

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Standard IV

2021	2026
<p>Standard IV: Culture of Excellence and Caring – Students</p> <p>The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of diverse students, enabling them to achieve academic success and professional identity formation. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program’s commitment to acting in the best interest of its students and creating a caring, culturally responsive environment that fosters student success is exhibited through the achievement of the following associated quality indicators.</p>	<p>Standard IV: Culture of Excellence and Caring – Students</p> <p>The institution and program are committed to providing student-centered services sufficient to create a supportive learning environment focused on full- and part-time student success. The program has clearly delineated student policies which conform with institutional policies. The program processes complaints in accordance with policies and maintains secure and confidential student records, thereby demonstrating a commitment to creating a caring environment supportive of student success.</p>
<p><i>What This Means</i></p> <p>Language simplified</p> <p>Emphasized full- and part-time students</p> <p>Removal of prescriptive terms such as culturally responsive, diverse, and professional identity formation</p>	
<p>Quality Indicator IV-A</p> <p><i>Statement</i></p> <p>The institution and program provide student services that are student-centered; culturally responsive; inclusive, and readily accessible to all students, including those enrolled in distance education; and guide students through the processes associated with admission, recruitment, retention, progression, graduation, and career planning. Student services are evaluated for effectiveness and ability to satisfactorily meet diverse student needs through a process of continuous quality improvement.</p>	<p>Quality Indicator IV-A</p> <p><i>Statement</i></p> <p>Student-centered services are available and regularly reviewed to foster student success.</p>

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2021	2026
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Students enrolled in on-campus and distance education programs have sufficient access to student services to facilitate their achievement of learning outcomes and academic success. ➤ Student support services include, but are not limited to, academic advising; tutoring; financial aid; guidance; personal counseling; and career guidance. ➤ There is evidence of ongoing review and revision of the effectiveness of student support services with attention to meeting the needs of diverse learners, supporting inclusivity and empowering students to achieve academic success and professional identity formation in their nursing role. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Students enrolled in face-to-face and distance education programs have access to student services to facilitate their achievement of learning outcomes. ➤ Student support services are available which include but are not limited to, academic advising; tutoring; financial aid; guidance; personal counseling; career guidance; and technology support. ➤ Ongoing review and revision of the effectiveness of student support services with attention to fostering student success.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of student handbooks, bulletins, catalogs, describing policies related to recruitment, admission, retention, progression, graduation, and career preparation. ➤ Copies of institutional definition of diversity and inclusivity. ➤ Descriptions of program and institutional support services that are available to students. ➤ Evidence that students have knowledge of and access the support services available to them. ➤ Examples of evaluation plans for student services and documentation of actions taken in response to the review. ➤ Examples of strategies that foster a culturally responsive learning environment that demonstrates inclusivity of diverse learners. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of student handbooks, bulletins, catalogs, describing services related to recruitment, admission, retention, progression, graduation, and career preparation. ➤ Descriptions of program and institutional support services that are available to students. ➤ Evidence that students have knowledge of and access the support services available to them. ➤ Examples of data collection tools, methods, and data analysis procedures. ➤ Examples of evaluation plans for student services and documentation of actions taken in response to the review.
<p><i>What This Means</i></p> <p>Language simplified and re-ordered for logical flow</p> <p>Removal of prescriptive terms such as culturally responsive, diverse, and professional identity formation</p> <p>Added guidance regarding technology support since 2021 Quality Indicator V-I was condensed into other Quality Indicators</p>	

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2021	2026
<p>Quality Indicator IV-B</p> <p><i>Statement</i></p> <p>The program’s student policies conform with institutional student policies and are readily available to the public.</p>	<p>Quality Indicator IV-B</p> <p><i>Statement</i></p> <p>The program’s student policies conform with the institution, and are regularly reviewed to meet expected program outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ There is evidence that student policies conform with the parent institution’s policies. There is an explanation with accompanying rationale related to any existing differences between institutional and programmatic student policies and expected program outcomes. ➤ Documents outlining recruiting and admission practices, program marketing, academic calendars, catalogs, and grading policies and practices are accurate and accessible to students and the public. ➤ There is evidence of a plan for regularly scheduled review and revision of policies and documentation of outcomes resulting from decision-making in response to the periodic reviews. ➤ Evidence exists that student policies are implemented in a consistent and uniform manner and meet the evolving needs of students. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Student policies conform with the institution’s policies. There is an explanation with accompanying rationale related to any existing differences between institutional and programmatic student policies and expected program outcomes. ➤ Student policies are implemented in a consistent and uniform manner. ➤ There is a plan for regularly scheduled review and revision of policies and documentation of outcomes resulting from decision-making in response to the regular reviews. ➤ Students are notified of policy changes in a timely manner.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of nursing program policies’ alignment with the parent institution’s policies, and the program’s mission, goals, core values, and expected program outcomes. ➤ Copies of student handbooks, bulletins, and catalogs describing policies related to recruitment and admission; retention and progression; graduation and career preparation. ➤ Evidence of regularly scheduled review of student policies and resulting actions. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of program policies’ alignment with the institution’s policies. ➤ Examples of consistent and equitable application of student policies. ➤ Evidence of regularly scheduled review of student policies and resulting actions. ➤ Examples of adequate notice of policy changes to students.

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2021	2026
<ul style="list-style-type: none"> Examples of consistent and equitable application of student policies to all learners. 	
<p>What This Means Language simplified and re-ordered for logical flow Kept focus on student policies including their alignment, review, consistent application, and notification to students of changes to condense materials from 2021 Quality Indicators II-D and IV-C</p>	
<p>Quality Indicator IV-C <i>Statement</i> Student policies are clearly delineated and accessible with students being advised of policy changes with adequate notice.</p>	<p>Quality Indicator IV-C <i>Statement</i> Faculty and staff process formal student complaints using policies and procedures that are clearly delineated.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> All information regarding student policies is clear, documented, and readily accessible in various media formats for on-campus and distance education students. There is evidence that students are provided timely notice of policy changes. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> The program provides a process for addressing formal student complaints in accordance with institution and program policies. The institutional and program definition, policies, and procedures associated with filing a formal complaint are accessible. Information regarding formal complaints is maintained by the program and addresses due process and actions taken to resolve the complaint. The program provides records of student complaints accrued from the most recent three years.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> Examples of the accessibility of student policies (websites, handbooks, etc.) and communication of changes in policies to on-campus and distance education students. Examples of adequate notice of policy changes to students. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> Copy of formal complaint process. Records of formal student complaints and their outcomes from the most recent three years. Examples of changes made in response to complaint data.
<p>What This Means Language simplified Content from 2021 Quality Indicator IV-D was moved to Quality Indicator IV-C</p>	

Legend

- New
- Revised
- Removed

2021	2026
<p>Quality Indicator IV-D</p> <p><i>Statement</i></p> <p>Faculty and staff process the formal program complaints of students using policies and procedures that are clearly delineated.</p>	<p>Quality Indicator IV-D</p> <p><i>Statement</i></p> <p>Student records are maintained in a secure, confidential manner in accordance with the policies of the institution, program, and regulatory guidelines.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The program provides students with a process for addressing formal complaints in accordance with parent institution and program policies. ➤ The institutional and program definition, policies, and procedures associated with filing a formal complaint are accessible to students. ➤ Evidence exists that information regarding formal complaints is maintained by the program and addresses due process and actions taken to resolve the complaint. ➤ The program makes available to on-site program evaluators records of student complaints accrued from the date covering the most recent accreditation period. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Established written policies and processes to ensure security and confidentiality of student records. ➤ Student record policies adhere to policies of the institution, program, and regulatory guidelines. ➤ All faculty and staff follow student record processes to ensure confidentiality and security of student information.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Records of formal complaints against the program from date covering the most recent accreditation period (or previous three years, if program not currently accredited) and resolution outcomes. ➤ Copy of student appeals process. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of policies and procedures regarding document security and confidentiality. ➤ Evidence student record policies adhere to institution, program, and regulatory guidelines. ➤ Copies of policies and procedures followed by faculty and staff to maintain confidentiality of student records and examples of compliance with policies and processes.
<p>What This Means</p> <p>Language simplified</p> <p>Content from 2021 Quality Indicator IV-E was moved to Quality Indicator IV-D</p>	

Legend

- New
- Revised
- Removed

2021	2026
<p>Quality Indicator IV-E</p> <p><i>Statement</i></p> <p>Student records are maintained in a secure, confidential manner in accordance with the policies of the parent institution, nursing program, and regulatory guidelines.</p>	
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Established program policies and processes on document security and retention are in place in written form to ensure security and confidentiality of student records. Evidence exists that the processes are followed by all faculty and staff. 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of policies and procedures regarding document security and retention. ➤ Copies of policies and procedures followed by faculty and staff to maintain confidentiality of student records and examples of compliance with policies and processes. 	
<p>What This Means</p> <p>Content was moved to Quality Indicator IV-D</p>	

Legend

● New ● Revised ● Removed

Standard V

2021	2026
<p>Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes</p> <p>Faculty design program curricula to create a culture of learning that fosters the human flourishing and professional identity formation of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning, and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Learners are taught about health equity, social determinants of health, and population health in class, laboratory, and clinical settings. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.</p>	<p>Standard V: Culture of Learning – Curriculum and Evaluation Processes</p> <p>Faculty design program curricula to create a culture of learning that supports the progressive achievement of expected program and student learning outcomes. The program clearly integrates professional standards, competencies, and guidelines and uses teaching, learning, and evaluation strategies that are evidence-based, current, and appropriate for the program type. Distance learning programs are held to the same standards as face-to-face programs.</p>
<p><i>What This Means</i></p> <p>Language simplified</p> <p>Removal of terms such as human flourishing, professional identity formation, diverse/diversity, health equity, social determinants of health</p>	
<p>Quality Indicator V-A</p> <p><i>Statement</i></p> <p>The curriculum is designed to foster achievement of clearly delineated student learning outcomes that are specific to the program mission and type (i.e., practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s, and clinical doctorate) and aligned with expected curricular program outcomes.</p>	<p>Quality Indicator V-A</p> <p><i>Statement</i></p> <p>The curriculum is designed to foster achievement of learning outcomes that are aligned with the program.</p>

Legend

● New ● Revised ● Removed

2021	2026
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Student learning outcomes are clearly delineated for each program type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate) and are appropriate for the expected practice (employment) role students will assume upon graduation from the program. ➤ The curriculum design includes competencies, course objectives, unit/module objectives, learning activities, and evaluation strategies that are student-centered, support progression toward achievement of identified student learning outcomes and curricular program outcomes. ➤ Faculty and students of the program are able to describe course student learning outcomes, their relationship to program outcomes, and provide examples of how the curriculum facilitates student achievement of the outcomes. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Program learning outcomes are clearly delineated and appropriate for the program. ➤ Student learning outcomes are clearly delineated and appropriate for the program. ➤ The curriculum design includes learning outcomes that are student-centered and support student progression. ➤ Faculty describe student learning outcomes, their relationship to program learning outcomes, and can provide examples of how the curriculum facilitates attainment of these outcomes.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of program outcomes, competencies, course outcomes/objectives for each program type offered. ➤ Course syllabi with examples of learning activities and evaluation strategies. ➤ Examples of learning activities appropriate for program type. ➤ Faculty and students articulate examples of learning outcomes in relationship to program outcomes and how the curriculum fosters their attainment of expected student outcomes. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Copies of program learning outcomes for each program type. ➤ Course syllabi with examples of student learning outcomes, learning activities, and evaluation strategies. ➤ Faculty articulate examples of student learning outcomes in relation to program learning outcomes and how the curriculum fosters the attainment of these expected outcomes.
<p><i>What This Means</i></p> <p>Language simplified and re-ordered for logical flow</p> <p>Outlined need to provide program learning outcomes and student learning outcomes</p> <p>Removal of requirement that students can articulate learning outcomes</p> <p>Consistent use of terms learning outcomes (program and student) versus program outcomes</p>	

Legend

- New
- Revised
- Removed

2021	2026
<p>Quality Indicator V-B</p> <p><i>Statement</i></p> <p>The curriculum incorporates professional nursing standards and other professional standards and guidelines, associated with PN/VN and RN licensure, APRN certification and/or other graduate level practice competencies aligned with practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate types.</p>	<p>Quality Indicator V-B</p> <p><i>Statement</i></p> <p>The curriculum incorporates professional standards, competencies, and guidelines.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty identify and adopt the appropriate professional and regulatory nursing standards, other professional standards and guidelines, and competencies in accordance with expected program and student learning outcomes, according to program type (practical/vocational, diploma, associate, bachelor's, master's, post-master's certificate, and clinical doctorate, and the intended practice roles associated with those program types. ➤ Graduate programs preparing advanced practice nurses incorporate established APRN professional standards into the curriculum to ensure student eligibility to achieve national certification for intended practice roles, including minimum number of supervised clinical hours. NOTE: When specialty accreditation options are available, each APRN degree/certificate program is required to seek accreditation by an agency recognized by the US Department of Education for the specific nursing practice role. ➤ Evidence exists that the adopted standards and competencies have been systematically integrated throughout the curriculum and the curriculum has been designed to address current licensure and certification criteria. ➤ Students and faculty can articulate which professional and regulatory standards, guidelines and competencies have been 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty identify and adopt appropriate professional, regulatory, and other professional standards, competencies, and guidelines. ➤ Adopted standards, competencies, and guidelines have been systematically integrated throughout the curriculum. ➤ The curriculum has been designed to address current licensure or certification criteria. ➤ Faculty can articulate which professional and regulatory standards, competencies, and guidelines have been integrated into the curriculum and cite examples of how they are applied. ➤ Graduate programs preparing advanced practice nurses incorporate established professional standards, competencies, and guidelines (e.g., APRN Consensus Model for APRN Regulation, NTF Standards) into the curriculum to ensure student eligibility to achieve national certification for intended practice roles, including minimum number of supervised clinical hours. NOTE: When specialty accreditation options are available, each degree or certificate program is required to seek accreditation by an agency recognized by the U.S. Department of Education for the specific nursing practice role.

Legend

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2021	2026
<p>integrated into the curriculum and cite examples of how they are applied to the curricula.</p>	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of teaching, learning, and evaluation processes that demonstrate the integration of professional and regulatory nursing standards, other professional standards and guidelines and competencies into the curriculum (i.e., tables, crosswalks, syllabi, etc.). ➤ Copies of course syllabi. ➤ Evidence of graduate APRN curricular elements addressing alignment with APRN populations (i.e., LACE document), including degree transcript designations and attainment of minimum number of supervised clinical hours. ➤ Copies of professional standards, regulatory statutes, guidelines, competencies, etc., and evidence of how they are integrated into the respective curricula. ➤ NOTE: See Appendix B for examples of professional standards, etc. that faculty may consider, as appropriate, for integration into program curricula. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of evidence that demonstrates the integration of professional and regulatory nursing, and other professional standards, competencies, and guidelines into the curriculum (e.g., tables, crosswalks, syllabi, etc.). ➤ Copies of course syllabi. ➤ Evidence of graduate APRN curricular elements addressing alignment with APRN populations (e.g., APRN Consensus Model for APRN Regulation, NTF Standards), including degree transcript designations and attainment of minimum number of supervised clinical hours. ➤ Copies of professional standards, regulatory standards, competencies, and guidelines, and evidence of how they are integrated. ➤ NOTE: Appendix B lists example professional standards, competencies, and guidelines that faculty should integrate into curricula. Faculty should select professional standards, competencies, and guidelines appropriate to program type and level, as well as role, population, and specialty for which graduates are prepared.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Corrected terminology for APRN documents</p> <p>Added guidance regarding using Appendix B</p> <p>Removal of requirement that students can articulate integration of standards, competencies, and guidelines</p> <p>Consistently listing standards, competencies, and guidelines</p>	

Legend

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2021	2026
<p>Quality Indicator V-C</p> <p><i>Statement</i></p> <p>The program's curriculum is sequenced, designed, and implemented to progressively support student achievement of learning outcomes and the acquisition of competencies appropriate for the intended practice role.</p>	<p>Quality Indicator V-C</p> <p><i>Statement</i></p> <p>The curriculum supports progressive achievement of learning outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The PN/VN and RN pre-licensure and undergraduate curriculum is built upon and incorporates a foundation of nursing arts and sciences into the program of study. Faculty and students can describe how any courses taken to fulfill the general education, basic sciences, social sciences, and/or human sciences curricular requirements of the program support the development of the professional identity of nurses and respects diversity, equity, and inclusion. ➤ The curriculum is sequenced and designed to promote student progression through the program without unnecessary duplication of learning experiences. ➤ Rationale is provided to support faculty decisions related to credit hour requirements, curriculum sequencing and progression design. ➤ Baccalaureate nursing competencies and outcomes are the underpinning for the graduate nursing programs at the master's level (MSN) as evidenced by program-specific outcomes and student learning activities that demonstrate student progression from undergraduate level competencies to graduate level competencies for the intended practice role. ➤ Graduate nursing programs at the clinical doctorate level clearly build upon previous program level competencies as evidenced by program-specific outcomes and student learning activities that demonstrate student progression through master's level 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Pre-licensure programs incorporate a foundation of nursing arts and sciences. ➤ Post-licensure programs build upon the previous nursing program. ➤ Faculty can describe how courses taken to fulfill the general education, basic sciences, social sciences, and human sciences curricular requirements support student achievement of learning outcomes. ➤ The curriculum is sequenced and designed to promote student progression through the program without duplication.

Legend

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2021	2026
<p>competencies to direct and indirect graduate level practice competencies for the intended practice role.</p> <ul style="list-style-type: none"> ➤ Academic progression model programs that bridge students from prelicensure to post licensure (e.g., second degree program, entry-level master’s, etc.); practice/vocational nursing to registered nursing programs; RN-BSN programs; and post-licensure programs to graduate programs (e.g., ASN-MSN, BSN-DNP, etc.), demonstrate how learners acquire the requisite knowledge, skills, and professional behaviors of the bridged program. Evidence exists that students successfully transition the bridged curriculum and achieve the expected learning outcomes of the subsequent program. 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Program designs depict curriculum program of study for each program type offered. ➤ Examples of how articulation (i.e., bridging programs) support student acquisition of and progression through previous educational levels and allow for student achievement of learning outcomes at the intended program outcome level. ➤ Rationale for selection of general education, basic sciences, social sciences, and/or human sciences courses chosen to support and complement learning in nursing courses. ➤ Rationale for sequencing of nursing courses. ➤ Faculty and students articulate examples of competencies needed for the intended practice role following graduation. ➤ Course syllabi demonstrate competencies and learning expectations relevant to the program type and intended practice role. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Curriculum plan with rationale for sequencing. ➤ Pre-licensure programs provide rationale for selection of general education, basic sciences, social sciences, and human sciences courses chosen to support student achievement of learning outcomes. ➤ Post-licensure programs provide rationale for selection of courses that build upon the previous nursing program. ➤ Faculty provide examples of student achievement of learning outcomes.

Legend

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2021	2026
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Offered less prescriptive requirements for pre-licensure and post-licensure programs</p> <p>Eliminated progression model language</p> <p>Removal of requirement that students can articulate curriculum sequencing information</p>	
<p>Quality Indicator V-D</p> <p><i>Statement</i></p> <p>The curriculum is up-to-date, dynamic, evidence-based, and reflects current and emerging societal and health care trends and issues, research findings, and contemporary educational practices.</p>	<p>Quality Indicator V-D</p> <p><i>Statement</i></p> <p>The curriculum is evidence-based and reflects current and emerging trends, issues, and practices.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ There is evidence that faculty design, review, and revise curricula based on consideration of current and emerging evidence-based findings, societal needs, health care issues and trends, practice regulation, and feedback from communities of interest. ➤ The curriculum demonstrates evidence of education based on health care quality, social determinants of health, health equity, population health, and ethical practice. ➤ The curriculum demonstrates evidence of education of nurse well-being, resilience, and self-care. ➤ Contemporary and innovative practices in nursing education and curriculum design are considered by faculty and integrated as appropriate into the curriculum. ➤ Relevant local, regional, national, and international social and health care trends and issues, and workforce needs are addressed as appropriate within the curriculum and in congruence with the program’s mission, goals, values, and expected program outcomes. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty design, review, and revise the curriculum based on consideration of current and emerging societal and health care trends and issues, research findings, and educational practices. ➤ The curriculum undergoes a regular review.

Legend

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2021	2026
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Documentation of data-driven curriculum review and revisions in minutes, reports, etc. and resulting actions. ➤ Learning examples specify contemporary and innovative practices as appropriate. ➤ Students and faculty articulate Identified trends, emerging issues, and workforce needs. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of syllabi or teaching/learning activities that demonstrate integration of contemporary practices. ➤ Faculty articulate identified trends, issues, and practices and examples of integration into the curriculum. ➤ Examples of data-driven curriculum review, revisions, and resulting actions are documented in minutes or reports.
<p>What This Means</p> <p>Language simplified</p> <p>Removal of prescriptive curriculum requirements such as health equity, social determinants of health, self-care, well-being, and resilience, allowing programs to choose important concepts</p> <p>Removal of requirement that students can articulate information related to the currency of nursing curriculum</p> <p>Curriculum review was moved from 2021 Quality Indicator V-J to V-D</p>	
<p>Quality Indicator V-E</p> <p><i>Statement</i></p> <p>The curriculum provides students with experiential learning that supports evidence-based practice, intra- and interprofessional education and collaborative practice, student achievement of clinical competence, and as appropriate to the program’s mission and expected curricular outcomes, developing competence in a specific role or specialty.</p>	<p>Quality Indicator V-E</p> <p><i>Statement</i></p> <p>The curriculum provides students with experiential learning opportunities that support achievement of learning outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty design and incorporate a variety of experiential learning experiences into the curriculum, including distance education programs, as appropriate for the expected practice role of the program’s graduates. ➤ Partnerships and agency contracts with health care and community facilities and other organizations are comprehensive and diverse in scope and designed to foster student acquisition 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The faculty design and implement experiential learning opportunities throughout the curriculum that foster the acquisition of learning outcomes specific to the nursing role for which they are being prepared. ➤ Partnerships and agency agreements with health care and community organizations support acquisition of learning outcomes.

Legend

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2021	2026
<p>of evidence-based practice competencies relevant to the workforce practice role for which the learner is being prepared.</p> <ul style="list-style-type: none"> Intra- and interprofessional education in collaborative practice learning opportunities are provided to facilitate professional role development in the health care setting. 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> Examples of student learning activities in classroom, clinical, laboratory and simulated environments and accompanying examples of student’s achievement of learning outcomes. Copies of agency contracts. Copies of student/faculty evaluation of agencies used to support experiential learning activities. Course syllabi that demonstrate the integration of concepts and learning assignments related to evidence-based practice, intra- and interprofessional education and collaborative education and collaborative practice, and achievement of clinical competence throughout the curriculum. Examples of teaching/learning strategies that intentionally incorporate interprofessional education and collaborative practice competencies within the curriculum (e.g., clinical experiences, lab/simulation experiences, case discussions, case studies, online experiences, etc.). 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> Examples of experiential learning activities in settings like classroom, clinical, laboratory, and simulation-based environments that foster learning outcome achievement and competency development. Copies of agency agreements (i.e., contracts, memorandum of understanding, affiliation agreements). Copies of course syllabi and other course documents exhibiting experiential learning. Examples of experiential teaching-learning strategies that foster the acquisition of learning outcomes specific to the nursing role for which they are being prepared.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Removed more prescriptive requirements for experiential learning and focused on its ability to foster learning outcome achievement</p>	
<p>Quality Indicator V-F</p> <p><i>Statement</i></p> <p>The curriculum provides experiential learning that enhances student ability to demonstrate leadership, ethical practice, clinical reasoning and judgment, reflect thoughtfully, on one’s practice, provide</p>	<p>Quality Indicator V-F</p> <p><i>Statement</i></p> <p>The faculty use teaching and learning strategies that support student achievement of learning outcomes.</p>

Legend

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2021	2026
<p>culturally responsive care to diverse and vulnerable populations, and integrate concepts, including, but not limited to context and environment of care delivery, knowledge and science, personal and professional development, quality and safety, patient-centered care, and teamwork into their practice.</p>	
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The faculty design and implement experiential learning experiences throughout the curriculum, including distance education programs, that foster the acquisition of professional nursing values, encompassing, but not limited to, leadership skills, clinical reasoning and judgment, reflective thought, and ethically responsive care to diverse populations. ➤ The curriculum integrates the concepts, including, but not limited to, context and environment of care delivery, knowledge and science applied to implementation and evaluation of evidenced-base care, personal and professional development, quality and safety, patient-centered care, and teamwork to enable students to develop role specific competencies. ➤ The curriculum is designed to provide students with opportunities to deliver care in a variety of health care settings appropriate for the practice role for which they are being prepared. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Teaching and learning strategies in all settings and delivery formats are implemented based upon best practices in education. ➤ Faculty facilitate learning activities that support achievement of learning outcomes and role-specific learning outcomes. ➤ Teaching and learning strategies undergo a regular review.
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of student learning activities in classroom, clinical, laboratory and simulated environments and accompanying examples of student’s achievement of learning outcomes. ➤ Course syllabi that provide evidence that the following concepts are integrated throughout the curriculum: leadership, clinical reasoning and judgment, thoughtful reflection on practice, culturally responsive care to diverse and vulnerable populations, 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of teaching and learning strategies that are used in all settings like classroom (face-to-face or distance), clinical, laboratory, and simulation-based environments. ➤ Course syllabi and other documents which outline teaching and learning strategies. ➤ Evidence of the regular review of teaching and learning strategies.

Legend

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2021	2026
<p>personal and professional development, quality and safety, patient-centered care, and teamwork.</p>	<p>➤ Tools and data that demonstrate review of teaching and learning activities.</p>
<p>What This Means Language simplified and re-ordered for logical flow Content from 2021 Quality Indicator V-F was collapsed into V-E; Content from 2021 Quality Indicator V-G was moved to Quality Indicator V-F Focused on teaching and learning strategies Review of teaching and learning strategies was moved from 2021 Quality Indicator V-J to Quality Indicator V-F</p>	
<p>Quality Indicator V-G <i>Statement</i> The faculty use a variety of teaching, learning, and evaluation strategies within the curriculum, including distance education programs, that are innovative, evidence-based, student-centered, and designed to create a culture of learning as demonstrated by student achievement of expected course and curricular program outcomes appropriate for the program type (i.e., practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s certificate, and clinical doctorate).</p>	<p>Quality Indicator V-G <i>Statement</i> The faculty use evaluation strategies that measure student achievement of learning outcomes.</p>
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Teaching, learning, and evaluation strategies in all settings, including distance education programs, are selected and planned by faculty based upon evidence related to best practices in education. Teaching/learning strategies are designed to foster active student learning and evaluation strategies are chosen to measure student attainment of expected learning outcomes. ➤ An environment exists within the program that facilitates student-centered teaching/learning practices and supports faculty in adopting and integrating new teaching/learning strategies as appropriate. ➤ Evaluation strategies are appropriate for measuring the student achievement of expected course and program outcomes. 	<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Evaluation strategies in all settings and delivery formats are focused on student achievement of learning outcomes. ➤ Faculty retain the responsibility for evaluation. ➤ Grading policies, scales, and criteria are clearly defined and communicated to all students. ➤ Grading policies, scales, and criteria are consistently applied by faculty. ➤ If standardized testing is used, it is consistent with a student-centered approach designed to support achievement of learning outcomes. ➤ Evaluation strategies undergo a regular review.

Legend

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2021	2026
<ul style="list-style-type: none"> ➤ The learning environment is inclusive of classroom, experiential, laboratory, and simulated settings. 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of student learning activities in classroom, clinical, laboratory and simulated environments and accompanying examples of student’s achievement of learning outcomes. ➤ Examples of teaching, learning and evaluation strategies that are used in distance learning programs to promote achievement of learning outcomes. ➤ Examples of support provided for all faculty, including those who are distance-based, to support integration of varied and innovative teaching/learning strategies. ➤ Examples of support provided for all faculty, including those who are distance-based, to develop evaluation strategies to measure student achievement of learning outcomes. ➤ Course syllabi. 	<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of evaluation strategies that measure student achievement of learning outcomes. ➤ Examples of grading policies, scales, and criteria as well as how they are communicated to students. ➤ Examples of assignments with student feedback that demonstrates consistent use of evaluation strategies. ➤ Description of the use of standardized testing, if any, and examples of how testing is used to support student achievement of learning outcomes. ➤ Evidence of the regular review of evaluation strategies like course evaluation tools with data.
<p>What This Means</p> <p>Language simplified and re-ordered for logical flow</p> <p>Content from 2021 Quality Indicator V-H was moved to Quality Indicator V-G</p> <p>Focused on evaluation strategies</p> <p>Faculty support content moved to Quality Indicator III-C</p> <p>Added reminder that faculty retain the responsibility for student evaluation</p> <p>Review of evaluation strategies was moved from 2021 Quality Indicator V-J to Quality Indicator V-G</p>	
<p>Quality Indicator V-H</p> <p><i>Statement</i></p> <p>The faculty design and implement evaluation strategies to measure individual student achievement, ensuring the evaluation strategies are explicitly communicated in course materials and program</p>	

Legend

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2021	2026
<p>policies and related to expected course and curricular program outcomes, including appropriate use, if any, of standardized tests.</p>	
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Evaluation strategies in all programs, including distance education programs, are appropriate to the learning activities being evaluated, and are focused on each student’s achievement of course and curricular program outcomes. ➤ Faculty retain the responsibility for evaluation of each student’s performance, including precepted learning experiences. ➤ Grading policies, scales, and criteria are clearly defined at the course level and communicated to all students at the beginning of each course. ➤ There is evidence that grading policies, including those used in distance education programs, are consistently applied by faculty. ➤ If the program uses standardized testing, there is evidence that the use of such testing is consistent with a student-centered approach designed to support student achievement of expected learning outcomes. ➤ If used, describe how standardized testing is used to facilitate student learning and progression. 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of grading policies, scales, rubrics. ➤ Provide description of the use of standardized testing, if any, and provide examples of faculty evaluation strategies that promote student success and achievement of end of program outcomes. 	
<p>What This Means Content from 2021 Quality Indicator V-H was moved to Quality Indicator V-G</p>	

Legend

- New
- Revised
- Removed

2021	2026
<p>Quality Indicator V-I</p> <p><i>Statement</i></p> <p>Technology, including the use of distance education technology as applicable, is used effectively to support the teaching, learning, and evaluation process.</p> <hr/> <p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ Faculty and students receive adequate support and development in the use of technology to support the teaching, learning, and evaluation process. ➤ Technology-supported learning materials are accessible to all students enrolled in the nursing program. ➤ Students are oriented to any technology required to participate in the teaching/learning process. ➤ Faculty are oriented to and receive development and support in the use of instructional technology. <hr/> <p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Examples of technology orientation programs. ➤ Evidence of technology staff support for faculty and students. ➤ Examples of professional development opportunities for faculty. ➤ Faculty and students articulate examples of technology supporting attainment of learning. 	
<p>What This Means</p> <p>Content from 2021 Quality Indicator V-I was moved to Quality Indicators III-C and IV-A</p>	
<p>Quality Indicator V-J</p> <p><i>Statement</i></p> <p>There is systematic and ongoing review and evidence-based revision of the curriculum and teaching, learning, and evaluation strategies by</p>	

Legend

- New
- Revised
- Removed

2021	2026
<p>faculty within a culture of continuous quality improvement to foster achievement of the program’s expected student outcomes.</p>	
<p><i>Interpretive Guidelines</i></p> <ul style="list-style-type: none"> ➤ The curriculum and the teaching, learning, and evaluation process undergo scheduled, periodic review. ➤ Data are regularly obtained from faculty, students, alumni, and practice partners to determine outcomes achieved and satisfaction with curriculum and teaching/learning/evaluation strategies. ➤ Data are analyzed and shared with communities of interest. ➤ Resulting data feedback is used by faculty to inform continuous quality improvement efforts and make evidence-based decisions about curricular revisions. 	
<p><i>Evidence Exemplars</i></p> <ul style="list-style-type: none"> ➤ Evidence of means by which student feedback on curriculum and teaching/ learning/evaluation processes is solicited and how feedback is used to inform program decision-making. ➤ Documentation of preceptor roles and responsibilities in student evaluation process. ➤ Copies of course evaluations. ➤ Examples of evaluation tools. 	
<p>What This Means Content from 2021 Quality Indicator V-J was moved to Quality Indicators V-D, V-F, V-G</p>	

Legend

- New
- Revised
- Removed